

Transitions to the Texas Department of State Health Services

By Casey S. Blass, Chief

Bureau of Immunization and Pharmacy Support

As most of you know, staff from the Texas Department of Health (TDH) has joined with staff from the Texas Commission on Alcohol and Drug Abuse, and the Department of Mental Health and Mental Retardation as of September 1, 2004 to form the new Department of State Health Services (DSHS). It is natural to mourn the passing of TDH; it has been an important part of our professional lives. It is also an opportunity to reflect on what we have accomplished to improve the health of Texans and to look forward to the possibilities that await us as working for and with DSHS.

We have much to celebrate this year. Immunization rates are at an all time high. Our staff and our partners are working on many improvements to our systems to provide better, more efficient customer service. Our efforts to protect Texans from vaccine preventable diseases will continue in the new structure. I am excited about the opportunities that await us in the coming months and years.

As part of this transition, I have moved to a new position within DSHS. I am happy that I still have the opportunity to work with the fine team working on immunization issues and providing pharmacy services to our DSHS programs. In addition, I will

I thought it appropriate at this point to extend my deepest thanks to all the dedicated organizations, professionals, staff, volunteers and community partners that I have had the pleasure to work with over the past 18 months. I am constantly amazed at what this fine group of people can accomplish and the passion that so many of you bring to this effort. It has been an honor to work with all of you and I look forward to seeing us accomplish great things together. Thank you for your support and kindnesses.



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The National Immunization Survey

By Jack Sims

The results are in and during 2003; Texas immunization levels are higher than they have ever been before. The survey measures several benchmarks. The most common benchmark used nationally is the 4:3:1 (4 DTaP, 3 polio, and 1 MMR) at 19-35 months of age. Texas level for the 4:3:1 rose from 71.3 in 2002 to 78.1 in 2003.

Another benchmark is the 4:3:1:3 (adds Hib to the 4:3:1). Texas rose from 70.9 in 2002 to 78.2 in 2003. Add hep B to the 4:3:1:3 to come up with the 4:3:1:3:3 and Texas rose from 67.9 to 74.8. The final and most comprehensive of all the benchmarks is the 4:3:1:3:3:1 and includes varicella. Texas rose from 65.0 in 2002 to 69.8 in 2003.

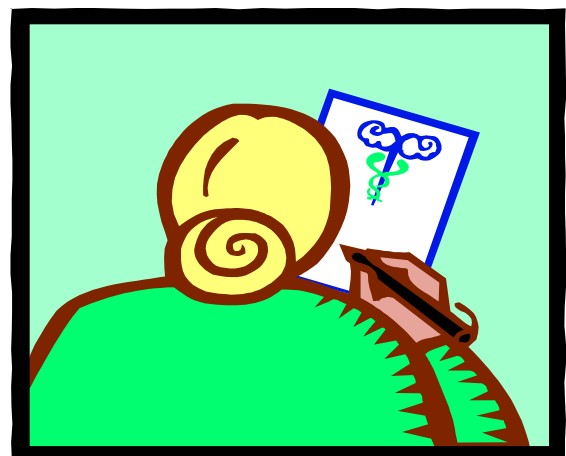
Whichever benchmark you look at, Texas has improved. But it will take a sustained effort to go

even higher. The Governor, the legislature, and the Commissioner of Health have contributed greatly to the effort. The work that health-care providers are doing is making a difference.

Since the middle of 2003, the Department of State Health Services (DSHS) Bureau of Immunization and Pharmacy Support has focused its efforts with a very clear message for providers: 1) use the statewide registry, 2) obtain complete immunization histories every time a child presents for medical services, 3) remind parents a few days before shots are due that they have an appointment, 4) recall the children who do not come in for their next shots.

Good luck and keep up the hard work!

Check out what's inside this exciting new UPSHOT



ANSWERS to ImmTrac Trivia Questions:

By Adriana Rhames

Question 1: To whom can an ImmTrac immunization record be released (Hint: 6 different entity categories)?

Answer 1: According to Texas law, an ImmTrac immunization record for a child may only be released to:

- The child's parent, managing conservator, or guardian;
- A public health district or local health department;
- Physician or healthcare provider to the child;
- An insurance company, health maintenance organization, or payor;
- A school or childcare facility in which the child is enrolled, and/or
- A state agency having legal custody of the child.

Question 2: The ImmTrac Registry contains immunization records for people of what age range?

Answer 2: ImmTrac is a free service offered to all Texas children up to the age of 18 years.

Question 3: Before a child can participate in ImmTrac, what must be obtained?

Answer 3: Written consent must be obtained from the child's parent, legal guardian or managing conservator prior to including the child's immunization information in ImmTrac.

Question 4: How often must written parental consent for ImmTrac participation be obtained?

Answer 4: Written parental consent for ImmTrac participation must be obtained only once. When a parent (legal guardian or managing conservator) consents to inclusion of their child's information in ImmTrac, the consent is valid until the child reaches 18 years of age, unless withdrawn in writing by the parent(s). Consent for ImmTrac participation is good for inclusion of all past, present, and future immunizations for that child.



BONUS TRIVIA QUESTION:

Who overcame polio and became an Olympic track champion?

Answer: Wilma Rudolf

Frequently Asked Questions on Immunization Requirements for School Admittance

By Monica Gamez

Question:

What is Provisional Enrollment?

Answer:

Provisional enrollment is a component of the rules adopted by the Department of State Health Services (DSHS) for the minimum immunization requirements for school entry. Provisional enrollment allows a student meeting certain specific criteria to be admitted to school on a temporary basis for up to 30 days. During this 30-day period, the parent is responsible for ensuring that the student receives the necessary vaccine(s) as fast as is medically feasible, and/or providing a complete and current immunization record to the school. Texas schools are also responsible for ensuring that immunization records are sent to requesting Texas schools within the 30-day period.

Question:

What government agency adopts the rules on provisional enrollment?

Answer:

According to the Texas Attorney General Opinion No. GA-0178, only DSHS may adopt rules relating to provisional admission.

Question:

Can DSHS adopt rules that would prohibit a student from being admitted into a school?

Answer:

Yes. Admission to a school is not allowed until records are produced showing (1) that the child has been immunized in accordance with the rules; (2) the child has an exemption from immunization requirements on file with the school in accordance with the rules; or (3) that the child is entitled to provisional enrollment.

Q.

What specific circumstances must a child fall from immunization requirements on file with the school in accordance with the rules; or (3) that the child is entitled to provisional enrollment.

1 Transfer Students

- Students transferring from one Texas public or private school to another.

2 Homeless Students

- Students who are defined as homeless according to the federal McKinney-Vento Act, 42 U.S.C. §11434a.

3 Students In-Progress

- Students who have received at least one dose of each specified age-appropriate vaccine required by the DSHS rules. To remain enrolled, students must complete the required subsequent doses of each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose(s) is (are) administered.

4 Military Students (as of a certain date)

Question:

Can a child without an immunization record be enrolled provisionally if they are not homeless, are not transferring from a Texas school or are not progressing towards obtaining immunizations as fast as is medically feasible?

Answer:

No. The child must obtain the first doses of the required vaccines and then they can be admitted provisionally as long as they are progressing towards receiving the remaining required vaccines as fast as is medically feasible.

Question:

What if a child does not have all his or her shots up-to-date prior to starting school?

Answer:

The student will be required to receive the necessary vaccinations in order to enroll or start school. If the student has started the series and is on schedule, he or she can enroll provisionally until it is medically feasible to receive the next vaccine dose.

Question:

What if the student is more than a year delinquent for a vaccine? Can this student be allowed to attend school provisionally at the beginning of a new school year?

Answer:

No. If more than the maximum amount of time to receive the next dose has expired, the student cannot attend school until he/she received the required dose.

Question:

What do parents or guardians need to show as proof that their child has started the vaccine series needed?

Answer:

Acceptable documentation of immunizations is any record of immunizations validated by a physician or his/her designee, or public health personnel. The record must show the month, day, and year when each immunization was received.

Question:

Is the conscientious exemption for immunizations valid for two years or five years?

Answer:

The conscientious exemption is valid for two years.

Question:

Nurses in our schools want to know if the change to two years, for the conscientious exemption, applies to those students who have already filed an affidavit for the Exemption for Reasons of Conscience or does it apply to new applicants.

Answer:

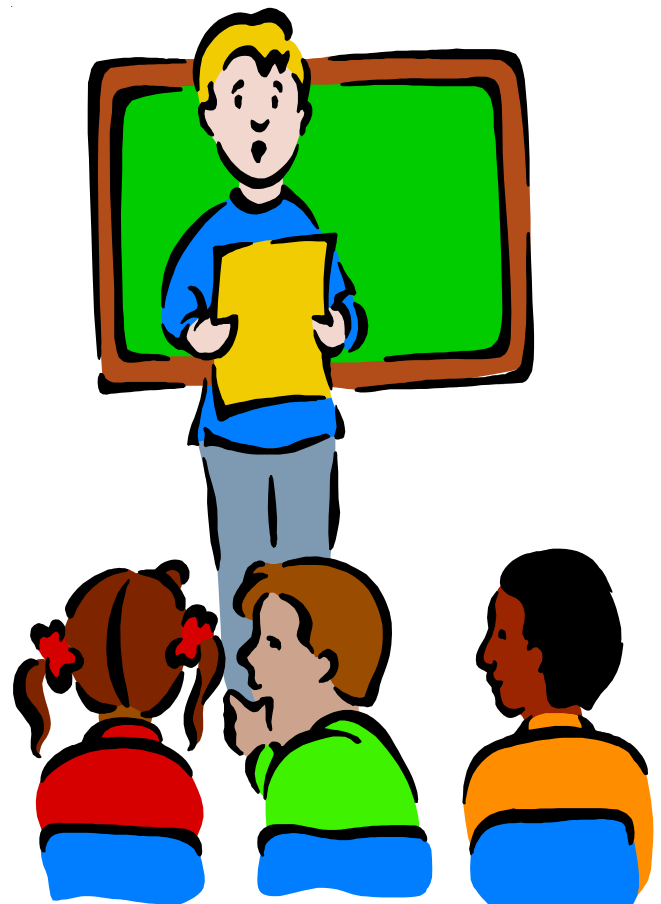
The two-year time period applies to new applicants. Those students, who filed an affidavit that was valid for five years, get a five-year exemption.

Question:

The child has no immunizations on file. I did receive a faxed copy of a Texas Religious Exemption dated in 1999. Does this child need a new affidavit?

Answer:

No. Religious exemptions dated prior to September 1, 2003 are life-long exemptions.



Question:

In which counties is the hepatitis A vaccine required? The designation of these counties is valid for how long? Is there a website address that could be added for information?

Answer:

The hepatitis A vaccine is required in the following counties: Bexar, Brewster, Brooks, Cameron, Crockett, Culberson, Dimmitt, Duval, Edwards, El Paso, Frio, Grayson, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Moore, Nueces, Pecos, Potter, Presidio, Randall, Real, Reeves, Starr, Sutton, Terrell, Terry, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala. Once hepatitis A vaccine is required in a county, that requirement is in effect indefinitely. This list of counties and other information on immunization requirements is available at www.ImmunizeTexas.com

Question:

Where can parents take their children to get the required immunizations?

Answer:

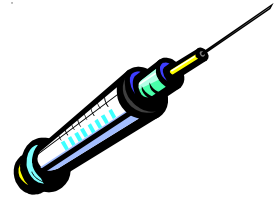
Parents should contact their children's physician. Alternatively, they can contact their local health department or the nearest Department of State Health Services regional office for information.

For more information about immunization requirements go to

www.ImmunizeTexas.com or contact the Immunization Branch customer service team at (512) 458-7284 or (800) 252-9152.



Vaccine-Preventable Disease Year-to-Date Statistics



DISEASE 2004*

Congenital Rubella Syndrome	0
Diphtheria	0
<i>Haemophilus influenzae type b</i>	1
Hepatitis A	N/A
Hepatitis B	49
Hepatitis B, Perinatal	0
Measles	0
Mumps	9
Pertussis (Whooping Cough)	381
Rubella	1
Tetanus	1
Varicella (Chickenpox)	4,881

*Provisional data as of October 7, 2004

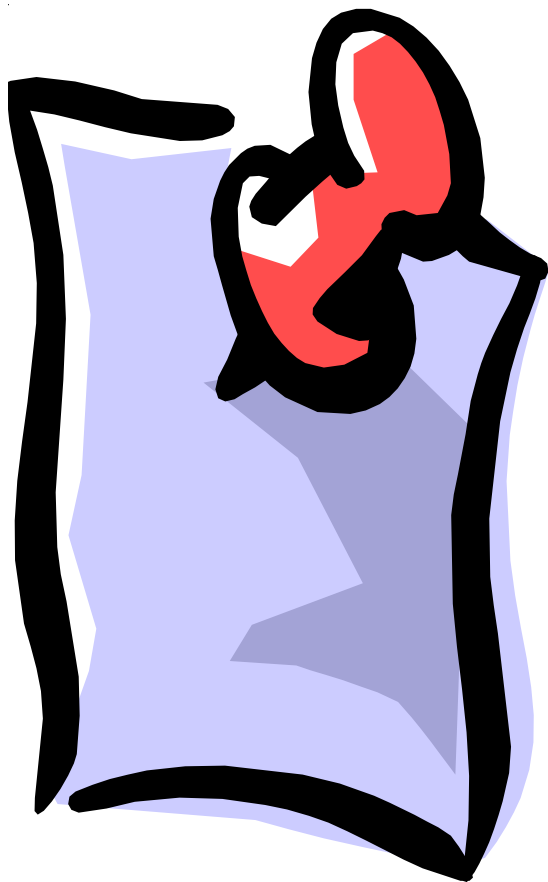
Pneumococcal

By Emily Salinas

Pneumococcal vaccine is available year round. Add Pneumococcal to your Biological Order/Transfer Form (C68) as soon as you need it. For questions on the PPV23 contract or purchasing procedures, you may contact the Texas Building and Procurement Commission (TBPC) by phone at (512) 463-3575 or by e-mail at Purchaser.R@tbpc.state.tx.us. Contract information and ordering instructions (for private stock) for PPV23 vaccines may be obtained through the TBPC website addresses:

http://www.tbpc.state.tx.us/cat_page/cat_270_a2_0309.html (PPV23).

For more information, please call Emily Salinas at (800) 252-9152 or 512/458-7111 x3540.



Rabies

By Emily Salinas

The Department of State Health Services (DSHS) supplies post-exposure rabies biologicals (vaccines and rabies immune globulin) for persons who may be or have been exposed to rabid or potentially rabid animals.

The Immunization Branch purchases and provides rabies biologicals to the regional offices and vaccine depots, usually local health departments or hospitals. For further information on the availability of rabies biologicals, please contact your regional zoonosis control depot site.

DSHS requires reimbursement for all biologicals dispensed. No one who has a valid exposure to rabies will be denied access to post-exposure treatment because of his or her inability to pay.

Reimbursements for rabies biologicals are handled in the central office in Austin through the Revenue Division at 512-458-3819.

For information on the guidelines for post-exposure rabies prophylaxis, visit the [Zoonosis Control website](#), or contact Zoonosis Control at 512-458-7255.



Texas Vaccines for Children Program (TVFC) – Questions and Answers

By Charlotte Hunter

Information for Providers not currently enrolled in the TVFC-

Question: What is the Texas Vaccines for Children Program?

Answer: It is a federally funded, state-operated vaccine distribution program.

Question: Who qualifies for the vaccines supplied by the Texas Vaccines for Children Program?

Answer: All children ages 18 and under who meet just one of the criteria listed below are qualified for TVFC vaccine:

Uninsured (the child has no insurance at all)

Underinsured (the child has insurance but it does

(not include vaccinations as a covered benefit or if the insurance covers vaccines, but the parent/guardian cannot afford to pay the co-pay or deductible)

Medicaid (children who receive Medicaid benefits)

CHIP (children who receive Children's Health Insurance Program benefits)

American Indian or Alaskan Native

(Note: Children who fall in the "Underinsured" category may only be given PCV-7 vaccine at an FQHC or RHC.)

Question: Why should a health care provider enroll in the Texas Vaccines for Children Program?

Answer: Enrolled providers get free state-supplied vaccines for eligible patients.

No longer need to refer patients to public clinics for vaccines.

Are able to provide immunizations as a comprehensive care package – enhancing the opportunity for patients to find a medical home.

Providers still continue to control who they want to see – providers are not required to immunize children who are not their patients.

Question: What is the maximum administrative fee a provider can charge per vaccine?

Answer: The fee cap for Texas is \$14.85 per vaccine. *(Note: Medicaid or CHIP patients may not be billed for an administration fee)*

- Question:** Why are there fee caps on what providers can charge to administer vaccine?
- Answer:** Federal legislation requires fee caps for administration on a nationwide basis that balance the provider's financial need and the patient's ability to pay.
- Question:** Will the Texas Medicaid Program reimburse private practitioners for vaccines administered to Medicaid patients?
- Answer:** Yes. The Texas Medicaid Program will reimburse \$5.00 per administered vaccine dose.
- Question:** To participate in the Texas Vaccines for Children Program, must providers enroll as a state Medicaid provider?
- Answer:** No. However, if you are enrolled in the state Medicaid Program, you must register in the Texas Vaccines for Children Program to receive free vaccines. As a Medicaid provider, you must offer immunizations to those patients enrolled in Medicaid. You may not refer out to the local health department for these services.
- Question:** How do I enroll in the Texas Vaccines for Children Program?
- Answer:** Contact your regional health department or a TVFC Consultant at (800) 252-9152 or (512) 458-7284. You may view and print the enrollment packet online at <http://www.immunizetexas.com/>.

Information for Enrolled Providers-

- Question:** How often do I need to check the temperature in my freezer and refrigerators?
- Answer:** Temperatures must be checked twice daily in all refrigerators and freezers that contain state-supplied vaccine and recorded on the Department of State Health Services (DSHS) Temperature Recording Form (C105). *Note: Each refrigerator and freezer containing state-supplied vaccine must have a separate thermometer located in the center of the refrigerator and freezer. Refrigerator temperatures should be between +36 degrees to +46 degrees F and +2 degrees to +8 degrees C. Freezer temperatures should be between +5 degrees F or colder or -15 degrees C or colder.*
- Question:** What else is acceptable to store in the refrigerators and freezers containing state-supplied vaccine?
- Answer:** Vaccines and medication are acceptable to store in the same refrigerator and freezer. Food, drinks, and patient specimens are not acceptable to store with vaccines. The Centers for Disease Control and Prevention (CDC) does recommend providers add water bottles to refrigerators and ice packs to freezers to help maintain the temperature in case of a power failure. These should be placed in the doors and sides of the units, to prevent accidentally storing your vaccines there.

Question: Is there a certain type of refrigeration unit that I need to store my vaccines in?

Answer: Yes. Varicella vaccine cannot be stored in a dormitory size refrigerator. Varicella vaccine must be stored in a large, household style refrigerator with separate doors for the refrigerator and freezer on the outside of the unit.

Question: How else can I keep my state-supplied vaccine safe?
(The following are points to remember to ensure the safety of state supplied vaccine.)

Answer: Make sure to use a plug guard on all units containing state-supplied vaccine. Plug guards can be obtained free of charge from your local health department or regional health department. Note: If the plug guard does not fit, you can tape the cord securely to the wall as another option.
Make sure to use the DSHS supplied “Do Not Unplug” sign. Post these signs on the refrigerator and at or near the electrical outlet.
Make arrangements with a local hospital, pharmacy, etc. to take your vaccines to their facility in case of emergencies. Prepare a written vaccine emergency plan and make sure staff know where to locate it and what to do in case of emergency.
Keep state-supplied vaccine separate from private stock and clearly label as state-supplied vaccine.
Do not store vaccines in the doors of refrigerators/freezers or in trays or vegetable bins. The vaccine should be stored in the center of the refrigerator/freezer with enough room for air to freely circulate around it.

Question: How can I improve my immunization rates?

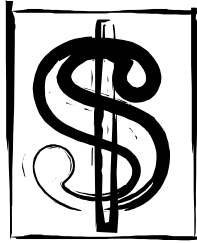
Answer: Begin a Reminder/Recall System – DSHS offers Reminder Post Cards free of charge for TVFC providers
Record complete immunization histories on the patient’s immunization card in the chart, including the month/day/year of the first dose of Hepatitis B.
Review the patient’s immunization card at each visit and administer any vaccines needed. Follow only the true contraindications when deciding against immunizing a patient. *Note: Contraindication posters are available free of charge from DSHS.*

Question: How can I get more information?

Answer: Please contact your public health region or a TVFC Consultant at (512) 458-7284 or (800) 252-9152.

Public Pays Less For Routinely Recommended Vaccines

By Charlotte Hunter



The price to fully vaccinate children ages 0-18 years with all current ACIP recommended vaccines varies greatly between the private and public sectors. The public sector pays approximately \$314.00 less than the private sector for the complete primary vaccine series.

The complete primary series includes Diphtheria, Tetanus, Pertussis (DTaP), Hepatitis B, Inactivated Polio (IPV), *Haemophilus influenzae* Type b (Hib), Measles, Mumps, and Rubella (MMR), Tetanus Diphtheria (Td), Varicella and Hepatitis A vaccine. The public sector also saves approximately \$33.00 on Hepatitis A vaccine, when compared to the private sector.

Providers in the state of Texas can take advantage of the public sectors' savings by enrolling in the Texas Vaccines for Children Program (TVFC). The TVFC supplies vaccines to enrolled providers at no cost, to administer vaccine to eligible children 18 years of age and under. Eligible categories are as follows:

- ☐ Enrolled in Medicaid,
- ☐ Does not have health insurance,
- ☐ Is an American Indian,
- ☐ Is an Alaskan Native,
- ☐ Underinsured (has health insurance that does not pay for vaccines, has a co-pay or deductible the family cannot meet, or has insurance that provides limited wellness or prevention coverage), or
- ☐ Enrolled in CHIP.

Note: Children considered Underinsured must be referred to a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) for the PCV-7 vaccine.

Back to School Vaccinations

By: Sandra Sissom & Winnie Malveaux
DSHS Region 6/5 S – Houston
Immunization Program



As the school year approached, our clinics got very busy. In July and August, parents started calling and asking about locations of places to go to get vaccinations for their children. We saw an increased number of calls from parents trying to locate immunization records for their children.

Throughout Region 6/5 S, we conducted several immunization clinics and events. These events gave children the opportunity to get the needed vaccinations before going back to school. Some Local Health Departments in Region 6/5 S used mobile vans/units to reach children who had no transportation to and from clinic sites.

Some events were held at local malls to make it as convenient as possible for parents to get their children vaccinated. Many clinics and events provided free immunizations, entertainment, and health information for the whole family. These events not only grasped the opportunity to vaccinate school-aged children, but their younger siblings as well. The use of “Don’t Wait, Vaccinate! — Viva La Vacuna!” was used to promote some of these events.

Region 6/5 S encouraged and supported all these events. Many families had the opportunity to immunize their children and receive additional information that would keep them healthy and happy.

Events Update

By Becky Cook

City of Garland Health Department has just finished phase one of a new project. The project consists of a pairing public health nurse with the city health specialists that inspect daycare facilities. The nurse checks all immunization records at the facility and provides a list of children who need immunizations. The nurse and health specialist discuss with the facility's manager the immunization schedule, communicable diseases, and disease reporting. They also provide each day care center with a comprehensive manual of local resources and health information. They made the initial visit to all 57-day care centers in Garland and are ready to follow-up on those that had problems. The hope is that working with the health inspector and the immunization group, they will get better compliance and the day care centers will work harder at maintaining their records.

Immunize Kids! A Dallas area partnership also has a day care project. Members have “adopted” day care centers that have had problems maintaining high immunization rates in their children. These volunteers are assisting the day care centers in identifying children that need immunizations and informing parents about the importance of immunizations.

The Tarrant County Immunization Collaboration had another successful clinic at the Fort Worth Zoo. If one child in a family gets a shot, the whole family gets into the zoo free. The event is a real community collaboration, with assistance from the Junior League of Fort Worth; Rotary; Cook Children's, Harris and John Peter Smith Hospitals; Tarrant County Health Department and Fort Worth Health Department.

Both Dallas County Health Department and Tarrant County Health Department hosted very successful TVFC provider training, the training was on vaccine combinations, new school rules, and a variety of topics of interest to providers.

True or False?

By Sandy Sissom

1. A nurse finds a multi dose vial of vaccine in the refrigerator that has been opened more than thirty days ago. The vial still has enough vaccine for several doses and the expiration date has not yet been reached. The nurse is required to discard the remainder, though, since it has been thirty days since it has been opened.

True or False?

Answer: False. *Except for Smallpox, multi dose vials containing bacteriostatic agents may be used after opening until the expiration date, as long as aseptic techniques have been used to withdraw the medication. If the multi dose vial DOES NOT contain bacteriostatic agents, discard the remainder of the vaccine after 24 hours.*

2. A patient comes into the clinic after stepping on a dirty nail. It has been seven years since his last tetanus booster. He does not need to be given a tetanus booster since his last dose has been given within the past ten years. True or False?

Answer: False. *The patient should be given a dose of tetanus toxoid. While it is recommended that a person be given a tetanus booster every ten years after completing a primary series, this does not always ensure adequate protection for all ten years. Since antitoxin levels fall over time, it is advisable to immunize patients with wounds (other than clean, minor wounds), if more than five years have elapsed since their last booster.*

3. MMR and varicella vaccines can be given to a child whose mother is pregnant. True or False?

Answer: True. *The vaccines can be given safely even if the mother of the recipient is pregnant.*

Frequently Asked Questions

By Dee Pittsford & Julia Moreno

If a student is enrolling in private school and has a conscientious exemption, can the private school refuse to accept the exemption form?

Answer: If the conscientious exemption is an official Department of State Health Services (DSHS) affidavit and has been notarized, the private school must accept the exemption form.

Can a student be provisionally enrolled while waiting for the exemption form for reasons of conscience?

Answer: No, a student must have the official Department of State Health Services (DSHS) affidavit, or immunization record or have started immunizations before entering, enrolling in or transferring to childcare facilities or public or private primary or secondary or institutions of higher education. Students transferring from another Texas school can be enrolled provisionally for 30 days awaiting transfer of immunization record from previous Texas school as stated in the Texas Administrative Code.

If a student is eight years old and has been home schooled and is now enrolling in public schools, the student has only received three DTaP's and the last DTaP was administered when the student was less than two years of age, does this student need booster dose of DTaP, DT, and Td?

Answer: Yes, the student will need a booster dose of the Td vaccine to be compliant.

What vaccines are in Pediarix? And what is the schedule for this vaccine?

Answer: The Pediarix vaccine is the DTaP - Hep B – IPV combination. The Pediarix is approved for 3 doses at 2, 4 and 6 months. It is not approved for booster doses and it is licensed for children 6 weeks to 7 years of age.

New Employee Corner

By Ryan Davis

ImmTrac Group

The ImmTrac Group anticipates being fully staffed by the end of 2004.

Earlier this year team members Carmen Vega and Cynthia Pryor joined the ImmTrac group's *Customer Support team*, filling Program Specialist I and II positions, respectively.

**Carmen Vega, ImmTrac Group
Program Specialist I
(Customer Support Team)**



**Cynthia Pryor, ImmTrac Group
Program Specialist II
(Customer Support Team)**

The ImmTrac Group recently filled four new positions in the *Records Management team*, and anticipates filling three additional positions in the *Program Coordination team* within the next few months.

The ImmTrac Group and the Immunization Branch would like to introduce and welcome its four new team members:



**M. Ann Grizzard, ImmTrac Group
Program Specialist III (Records Management
Team)**

A native of Austin, Ann Grizzard has been serving as Records Management Team Leader in the ImmTrac Group since July. She brings to ImmTrac technical and leadership experience acquired through previous employment at the Health and Human Services Commission, Department of Human Services, Protective and Regulatory Services, Dell Computers, and AT & T Wireless.

Ann holds an undergraduate degree from St. Edwards University and a Master of Arts degree from Texas State University.

“I was fortunate to come on board when three other employees joined the team. I already know what a great group all of the ImmTrac staff are,” said Ann. “I am currently focusing on learning the program, getting to know the users of the system, and implementing the required HB1921 changes,” she added.



**Lucille Palenapa, ImmTrac Group
Program Specialist I (Records Management Team)**

Lucille Palenapa joined the ImmTrac Group’s Records Management team in July after leaving the Immunization Branch for a brief two months. Lucille earned a Bachelor of Science in Community Health from Texas A & M University in August 2000. She grew up in a military family and has lived in various places. Her family is originally from American Samoa and Hawaii.

Lucille returned to Immunizations from the Tuberculosis Elimination Branch. Prior to working in Tuberculosis, Lucille worked for three and a half years in the Surveillance and Epidemiology program’s surveillance and school compliance sections. She was also an intern with the Public Health Promotion program in DSHS Region 7 in Temple.



**Jona Mauriello, ImmTrac Group
Program Specialist 1 (Records Management Team)**

Jona Mauriello joined the ImmTrac Group in July as a Program Specialist for the Records Management team. She began her new position just in time for the *ImmTrac “Back to School” rush* and hit the ground running. “At present, we are getting a lot of calls from folks needing immunization records for their

kiddos so they can register for school. I also work on merging immunization records that are questionable matches for kids who may be in the registry more than once or with different information,” said Mauriello.

She was born in Topeka, Kansas and grew up in a little town called “Wamego”. “The story goes that an Indian chief jumped off a cliff and shouted ‘Watch me go!’ hence the name Wamego,” joked Mauriello.

Mauriello has worked in the Children with Special Health Care Needs Program (CSHCN) in the Medical Policy Unit at DSHS.

Prior to that, she was employed in the Grants Management Division of the Contract Development and Administrative/Special Projects Units.

She has attended Kansas State University, Washburn University, Kansas University, Highland Community College (Kansas), and, in Austin, St. Edward’s University and Austin Community College.

“I don’t have a favorite pet, but cats would be close (and) I guess my hobby would be playing pool,” added Mauriello.



**Kevin Allen, ImmTrac Group
Program Specialist II (Records Management
Team)**

Kevin Allen also joined the ImmTrac Group's Records Management Team in July. Until then, Kevin had been serving in the Immunization Branch as Web Developer since 1999.

In his new position, Kevin has been conducting quality assurance and user acceptance testing. The native of Corpus Christi holds an Associate of Science degree in Computer Science and served in the U.S. Army for four and a half years. After his military service, Kevin was employed at the Texas Department of Public Safety for eight and a half years.

**Immunization and Pharmacy Support
Branch**



**Cynthia Morgan, PhD, Immunization and
Pharmacy Support Branch
Nurse Consultant (Bioterrorism)**

Dr. Cynthia Morgan is originally from San Francisco, but moved to Austin five years ago following 25 years in Salt Lake City. In the past five years she has taught Public Health Nursing at the baccalaureate and master's levels as well as health policy and program planning and evaluation at UT Austin. She holds a Masters in Nursing Administration and a PhD in Transcultural Nursing from the University of Utah. She has worked extensively in Utah and Texas with American Indians including the Ute, Navajo, and Kickapoo Traditional Tribe of Texas (KTT). She has also served as a member of the Austin Pow Wow Committee. She is currently completing qualitative research examining the meaning of diabetes for KTT members. She is employed at the Department of State Health Services (DSHS) in the Immunization Branch as a Nurse Consultant. Her major job focus is bioterrorism and pandemic influenza preparation. She will be working on post-event

prophylaxis and vaccination programs primarily. She also serves as a liaison with other Offices, Sections, Programs, and agencies inside and outside the Central Office related to emergency response plans. She is married with two sons, 28 and 25, still in Utah. "I haven't been able to convince them to trade skiing for humidity," Dr. Morgan said. She has a dog and a cat. Her favorite hobby is stained glass.

Vaccine Services Group

**Karen Hess, Vaccine Services Group
Vaccine Services Group Manager**

Karen Hess is the Vaccine Services Group (VSG) Manager for the Immunizations Branch. She was born in Austin, Texas at St David's Hospital. She enjoys traveling and renovating her house and yard. She worked for the City of Austin in public health for 11 years, three of which were spent managing immunizations. Now she is focusing on implementing the new Pharmacy Inventory Control System (PICS) software across the state, and improving technology, and quality assurance.

**Services and Data Coordination Group
(SDCG)**



**Stacy Davlin, SDCG
Program Specialist**

Stacy Davlin is from Dallas, Texas, "but I am nuts about Austin and consider it my adopted home," she said. Her title is Program Specialist and her job duties include surveillance of vaccine-preventable diseases. In her previous job she was epidemiologist with the Diabetes Program at the legacy agency Texas Department of Health for the past three years. She holds a Bachelor of Science in Biology from the Texas Woman's University in Denton, Texas, and a Masters of Public Health with an emphasis in epidemiology

from the University of North Texas Health Science Center in Fort Worth, Texas.

Her favorite pets are two cats and a dog, and she loves them all. "I am an animal freak in general, so if it moves, I will try and turn it into a pet," said Stacy. Currently she is training to do another triathlon in September. "I have already done two this summer and have found them to be very addictive," said Stacy.



**Victoria Brice, SDCG
Program Specialist**

Currently Ms. Victoria Brice is living in Canyon Lake, Texas. She attended Carnegie Mellon University in Pittsburgh, Pennsylvania where she received a BA in Writing and a BA in Art. She is a Program Specialist with SDCG in the Disease Prevention and Intervention Section (DPI). She works with rules, policy and procedures, plus quality improvement strategies. Victoria has worked 16 years with the Department of Human Services (DHS) and served as a Project Manager for an infrastructure and applications project and as a Program Manager for direct services to external customers. Prior to DHS she was a store Manager for Dillard's Department Stores. "I am an avid gardener (native landscaping) and a film (movies) fanatic," said Victoria. She has three cats. She really enjoys the SDCG Group; which includes David Scott and Vivian Harris.

The Upshot Online: A Brand New Look!

By Veronica Primeaux

By now you should know about the budget shortfalls that all state governments have been experiencing this year. Cuts to agency budgets have eliminated many items that we have been accustomed to receive. The printed version of *The Upshot*, the Immunization newsletter, is one of the items that will not be printed. The good news is *The Upshot On-line* version of the printed newsletter is still here, complete with the latest information about vaccines and vaccine-preventable diseases. The general public and healthcare professionals have relied upon our newsletter since publication of our first issue in February 1996. That is the reason we strive to continue to bring this valuable information to you.

One of the changes we have incorporated into our on-line version of *The Upshot* includes a new look that was created in order to comply with the Department of State Health Services (DSHS) web page guidelines, and also to facilitate viewing by our readers with visual disabilities.

Please visit us on-line at www.immunizetexas.com and tell us what you think. Please continue to send us your comments, suggestions, and critiques. We are always happy to receive your input. Many times your suggestions have helped us to better meet your needs.





Training Calendar

By Ryan Davis

December 2004

Immunization in Canada, Science - Programmes -
Collaboration

EPIVAC 2005 Part 1

Date: February 17, 2005
Time: 11:00a.m. – 2:30p.m. Central
Location: DSHS, 1100 West 49th Street, Austin, TX,
78756
Contact: Kathryn Johnson DSHS
Phone: 512-458-7111 #6321
E-mail: Kathryn.Johnson@dshs.state.tx.us
Website: [http://www.phppo.cdc.gov/PHTN//
calendar.asp](http://www.phppo.cdc.gov/PHTN//calendar.asp)

EPIVAC 2005 Part 2

Date: February 24, 2005
Time: 11:00a.m. – 2:30p.m. Central
Location: DSHS, 1100 West 49th Street, Austin, TX,
78756
Contact: Kathryn Johnson DSHS
Phone: 512-458-7111 #6321

E-mail: Kathryn.Johnson@dshs.state.tx.us
Website: [http://www.phppo.cdc.gov/PHTN//
calendar.asp](http://www.phppo.cdc.gov/PHTN//calendar.asp)

EPIVAC 2005 Part 3

Date: March 3, 2005
Time: 11:00a.m. – 2:30p.m. Central
Location: DSHS, 1100 West 49th Street, Austin, TX,
78756
Contact: Kathryn Johnson DSHS
Phone: 512-458-7111 #6321
E-mail: Kathryn.Johnson@dshs.state.tx.us
Website: [http://www.phppo.cdc.gov/PHTN//
calendar.asp](http://www.phppo.cdc.gov/PHTN//calendar.asp)

EPIVAC 2005 Part 4

Date: March 4, 2005
Time: 11:00a.m. – 2:30p.m. Central
Location: DSHS, 1100 West 49th Street, Austin, TX,
78756
Contact: Kathryn Johnson DSHS
Phone: 512-458-7111 #6321
E-mail: Kathryn.Johnson@dshs.state.tx.us
Website: [http://www.phppo.cdc.gov/PHTN//
calendar.asp](http://www.phppo.cdc.gov/PHTN//calendar.asp)

Stay tuned for
our next
exciting new issue!